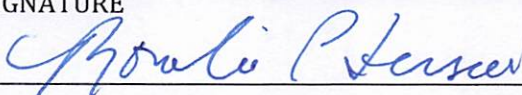


AO435 (Rev. 04/18; WDVA Rev. 11/19)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY	
TRANSCRIPT ORDER FORM				DUE DATE:	
Please Read Instructions on Page 2.					
1. REQUESTOR'S INFORMATION:		NAME Rosalie Pemberton Fessier		TELEPHONE NUMBER 540.885.1517	
DATE OF REQUEST 12/11/24		EMAIL ADDRESS (Transcript will be emailed to this address.) rfessier@timberlakesmith.com			
MAILING ADDRESS P O Box 108				CITY, STATE, ZIP CODE Staunton, VA 24402-0108	
2. TRANSCRIPT REQUESTED:		NAME OF COURT REPORTER FTR			
		OR CHECK HERE <input checked="" type="checkbox"/> IF HEARING WAS RECORDED BY FTR			
CASE NUMBER 5:22-cv-62		CASE NAME Orlando v. Smith, et al		JUDGE'S NAME Hoppe	
DATE(S) OF PROCEEDING(S) 12/09/2024		TYPE OF PROCEEDING(S) Oral argument on Motions		LOCATION OF PROCEEDING Charlottesville	
REQUEST IS FOR: (Select one) <input checked="" type="checkbox"/> FULL PROCEEDING OR <input type="checkbox"/> SPECIFIC PORTION(S) (Must specify below)					
SPECIFIC PORTION(S) REQUESTED (If applicable):					
3. SERVICE TURNAROUND CATEGORY REQUESTED: (See Page 2 for descriptions of each service turnaround category.)					
<input checked="" type="checkbox"/> Ordinary (30-Day)			<input type="checkbox"/> Daily		
<input type="checkbox"/> 14-Day			<input type="checkbox"/> Hourly		
<input type="checkbox"/> Expedited (7-Day)			<input type="checkbox"/> RealTime		
<input type="checkbox"/> 3-Day					
4. CERTIFICATION: By signing below, I certify that I will pay all charges (deposit plus additional).					
DATE 12-11-2024		SIGNATURE 			

If you have any questions, please contact the court reporter coordinator at (540) 857-5152 or by email to CRC@vawd.uscourts.gov.

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NOTE: Form must be flattened prior to electronically filing in CM/ECF so that all fillable fields can no longer be modified.